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Application Data S	App		ation Numb	er				
Title of Invention ME	DICAL PATIENT	SIMULA	TOR					
	nod of the available	nal as no-	provisional	application to	r which it is	heina eu	ibmitted. The following form contains	the
bibliographic data arranged in	a format specified	by the Ui	nited States	Patent and T	rademark O	iffice as	outlined in 37 CFR 1.76. ng the Electronic Filing System (EF.	
document may be printed and								•
Secrecy Order 37	7 CFR 5.2							
Portions or all of the	application asso	ciated w	ith this Ap	plication D	ata Sheet	t may f	fall under a Secrecy Order pur not be filed electronically.)	rsuant to
Applicant Inform		piicauoi	is triat rai	under Get	lecy Orde	or may	The pe med disodonisary.	
Applicant 1	<u>ationi</u>							
Applicant Authority	Inventor OL	egal Re	presentativ	e under 35	U.S.C. 11	7	Party of Interest under 35 U.S	.C. 118
Prefix Given Name	· · · · · · · · · · · · · · · · · · ·	N	liddle Na	me		Family Name		Suffix
Oystein						Gomo		
Residence Informatio	n (Select One)) O US	3 Residenc	y ⊙ N	on US Re	sidency	Active US Military Service	е
City Hundvag		Coun	try Of Re	esidencei	NO			
Citizenship under 37 (Citizenship under 37 CFR 1.41(b) i NO							
Mailing Address of Ap	plicant:							
Address 1	Kallagtunet 25	i						
Address 2								
City Hundvag				Sta	te/Provir	nce		
Postal Code	N-4085	I-4085 Countryi NO						
All Inventors Must Be				Information	blocks	may b	e Age	
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Customer Number	22045		• • • • • • • • • • • • • • • • • • • •			•		
Email Address								Email
Application Infor	mation:							
Title of the Invention	MEDICAL	PATIEN	T SIMULA	TOR				
Attorney Docket Numl	per PROT0103	PROT0103PUSA Small Entity Status Claimed						
Application Type	Nonprovisi	Nonprovisional						
Subject Matter	Utility							
Suggested Class (if ar	ıy)				Sub Clas	s (if ar	ıy)	
Suggested Technolog	y Center (if an	ıy)		· · · · · · · · · · · · · · · · · · ·				
Total Number of Drawing Sheets (if any)					Suggeste	ed Figu	ure for Publication (if any)	

PTO/SB/14 (08-05)
Approved for use through 07/31/2006. OMB 0651-0032
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Application Date Chart 07 OFD 4 70		Attorney D	ocket Number	PROT0103F	PUSA			
Application Data Sheet 37 CFR 1.76			Application	Number				
Title of Invention MEDICAL PATIENT SIMULATOR								
Publication Information:								
		tion (Fee required at			1.00			
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.								
Representative Information: Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections								
are completed the Cu Please Select One:	are completed the Customer Number will be used for the Representative Information during processing. Please Select One: Customer Number US Patent Practitioner US Representative (37 CFR 11.9)							
Customer Number		22045	1000					
Domestic Priority Information: This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4), and need not otherwise be made part of the specification.								
Prior Application	Prior Application Status							
Application Nun	Application Number Continuity		Туре	Prior Application Number Filing Date (YYYY-MM			-MM-DD)	
Additional Domestic Priority Data may be generated within this form by selecting the Add button.								
Foreign Priori	ty Inf	ormation:						
This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).								
Application Nun	nber	Country	y i			-	Claimed	
20034465		NO .		2003-10-06				
Additional Foreign Priority Data may be generated within this form by selecting the Add button.								
Assignee Information:								
Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.								
Assignee 1								
If the Assignee is an Organization check here.								

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Application Data Shoot 27 CED 4 76		Attorney Docket Number	PROT0103PUSA						
Application Data Sheet 37 CFR 1.76			Application Number						
Title of Invention	MEDI	IEDICAL PATIENT SIMULATOR							
Organization Nam	е г	aerdal Medical AS							
Mailing Address	Inform	ation:							
Address 1 P.O. Box 377									
Address 2									
City Stavanger		Stavanger	State/Provi	nce					
Country NO			Postal Code	N-4002					
Phone Number		Fax Numbe	r						
Email Address									
Additional Assigne button.	ee Data	may be generated w	vithin this form by selecting	the Add					

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.							
Signature	John E. Nemazi		Date (YYYY-MM-DD)	2006-04-06			
First Name	John	Last Name	Nemazi	Registration Number	30,876		

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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